



Corrective Action Form

Effective Date:	Date
Employee ID:	ID #
Employee Name:	Name
Supervisor Name:	Name

This form confirms in writing that you are aware of the following:

Level of Discipline	<input type="checkbox"/> Step 1 – Written warning <input type="checkbox"/> Step 2 – Second written warning <input type="checkbox"/> Step 3 – Final warning <input type="checkbox"/> Step 4 – Termination	
Concern, Issue, Incident	<p>Documentation of concern(s), issues(s) or incident(s) involving:</p> <div><input type="checkbox"/> Conduct or Behavior (interpersonal skills) <input type="checkbox"/> Department or City Rules <input type="checkbox"/> Safety or Work Environment <input type="checkbox"/> Work performance (productivity or quality of work) <input type="checkbox"/> Attendance - Dependability <input type="checkbox"/> Customer Service <input type="checkbox"/> Insubordination <input type="checkbox"/> Unauthorized use of equipment, materials <input type="checkbox"/> Other _____</div> <div>This issue was previously discussed on: Date/Text</div> <p>Describe performance concern or issue. Be specific, include dates and examples; attach additional pages as necessary to accurately record concern(s): Click or tap here to enter text.</p> <p>Solution(s) or course of action: Click or tap here to enter text.</p> <p>Follow-up/check-in date: Click or tap here to enter text.</p>	
Notice to Employee	<i>It is expected that the conduct or behavior noted above will be corrected immediately. In the event this conduct or behavior is not corrected, or another offense occurs, you may be subject to further disciplinary action as outlined in the Corrective Action Administrative Regulation or the application collective bargaining agreement.</i>	
Signatures	Employee's Signature:	Date:
	Supervisor's Signature:	Date:
	Manager / HR Signature:	Date:
<p>NOTE: Employee's signature indicates that this information has been discussed with the employee, and does not necessarily mean the employee agrees with it. It does acknowledge receipt of a copy of the form. The employee may submit comments to attach to this form for filing.</p>		
Distribution: ___Employee ___Supervisor ___Human Resources (original)		